

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia.

McCaw

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town ofCity of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41354

Registration District No. 1-A Registered No. 122

(For use of Local Registrar)

(No. Greenville St. 1st Ward)(2) Full Name of Child William Calhoun Wright { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? No. (7) DATE OF BIRTH Dec. 13, 1915
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Calhoun(9) PRESENT POSTOFFICE OF FATHER Not known(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Not known(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Corine Knight(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Bradley, S.C.(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary R. X. Chiles(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness J. G. Barrin

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 13, 1915 (28) J. G. Barrin

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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